

+Fee: \$10.00

(04/05/2003)

KENTUCKY ATHLETIC COMMISSION
APPLICATION FOR LICENSE AS A
WRESTLER

In accordance with Kentucky law, applicants for license as a wrestler must to be licensed annually by the Kentucky Athletic Commission. The license and renewal of license fee is \$10 and must be in the form of a check or money order, made payable to the ***Kentucky State Treasurer.*** **No cash payments are accepted.**

(Please Print in Ink) **This form must be completed entirely.**

DATE: _____, 20____

Name _____ Social Security # ____ - ____ - ____

Address _____ City _____ State _____ ZIP _____

Telephone Number(s): Home () _____ Work () _____ Cell Phone () _____

Pager/Beeper () _____ Fax () _____ E-Mail Address _____

Date of Birth: _____ Height: ____ ft. ____ in. Weight: _____ lbs.

Occupation: _____ Employer: _____

City _____ State _____ Zip _____

**PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION.
INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN
ISSUANCE OF THE LICENSE.**

(OVER)

Describe your experiences that would support your being granted renewal of your wrestler license. (Continue on a separate sheet if needed):

Have you ever held a license to be a wrestler in Kentucky?

Yes ____ No ____ License # _____

Have you ever been licensed to be a wrestler in another state(s)?

Yes ____ No ____ License # _____

If yes, in what state(s) _____

Have you ever been convicted of a felony? Yes ____ No ____

If yes, please provide details.

Date ____ Offense _____ Court _____ Disposition _____

A TRUE STATEMENT MADE UNDER PENALTY OF LAW.

Signature of Applicant

Date

Release: Contestant, by affixing his signature herein, hereby releases & discharges the promoter, the officials, the physician, and the KY Athletic Commission of and from any and all claims that he may have by reason of any injury or damage that he may sustain in, or in connection with, said contest not due to failure of promoter to provide a proper place, ring, or other equipment for the same in accordance with the rules and regulations of the KY Athletic Commission. Further, contestant affirms that the answers in the "past history" section of this document are true. Contestant also certifies that, at present time, he is not under suspension by any of the jurisdiction.

SIGNATURE

PLEASE MAIL COMPLETED APPLICATION TO:

**KENTUCKY ATHLETIC COMMISSION
Public Protection and Regulation Cabinet**

**100 Airport Road, Suite 300
Frankfort, Kentucky 40601
502/564-7760**

